

Case Number:	CM15-0207913		
Date Assigned:	10/26/2015	Date of Injury:	05/19/2004
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following
credentials: State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male, who sustained an industrial injury on 5-19-04. The injured worker has complaints of lower back on a scale of 0 to 10 with 10 representing the worst; his pain in the lower back is rated as 8 out of 10 per the visual analog scale. There is grade 2 tenderness to palpation over the paraspinal muscles on the last visit and 2 to 3 palpable spam on the last visit. The injured worker reports that his neck and pain had radiated down his upper extremity and the pain in his low back has radiated down his lower extremities greater on the right and to his feet, accompanied by numbness in the right lower extremity to the left of the foot and muscle weakness in the lower extremities. Lumbar spine magnetic resonance imaging (MRI) on 8-29-13 revealed postsurgical changes consistent with interbody fusion at L4-L5 and evidence for right-sided hemilaminotomy. Controlled Substance Utilization Review and Evaluation System report dated 5-20-15 and urine drug test dated 1-28-15 showed no inconsistencies. The diagnoses have included surgical complications not otherwise specified. Treatment to date has included epidural injection did not help and even worsened his symptoms; intrathecal pump; Norco; transcutaneous electrical nerve stimulation unit; B12 injections; physical therapy and lumbar spine surgery times 3 with fusion at L4-L5. The original utilization review (10-1-15) non-certified the request for lumbar spine magnetic resonance imaging (MRI) and electromyography and nerve conduction velocity study of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/MRI.

Decision rationale: According to the Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The medical documentation does not indicate that there was significant change in symptoms and/or findings suggestive of significant pathology since a previous MRI of the lumbar spine. The record does state he has worsening pain since epidural steroid injections and has bilateral lower extremity weakness but there were no objective findings to support a significant change. Therefore, there is no medical necessity for this MRI.

NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic): Electrodiagnostic studies (EDS) 2015, Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/electrodiagnostic studies.

Decision rationale: This worker complains of pain in the low back radiating down his lower extremities accompanied by numbness and weakness. The ODG states that nerve conduction studies are not recommended for low back conditions. An EMG may be considered as an option but this request is for both NCV and EMG.